

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
APPLICATION TO RENEW RESTRAINING ORDER AFTER HEARING (Elder or Dependent Adult Abuse)		CASE NUMBER:

1. **Petitioner** (*name*): **is**
- a. the person to be protected.
- b. the conservator of the person to be protected.
- c. the guardian ad litem for the person to be protected.
- d. other (*describe relationship and capacity*):

2. **The person to be protected** (*name*):

3. a. **The person to be restrained** (*name*):

b. Description:

Sex: ☐ M ☐ F Ht.: _____ Wt.: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of birth: _____

4. Petitioner requests that the court renew the *Restraining Order After Hearing* (form EA-130).
- a. A copy of the restraining order is attached.
- b. The restraining order was first issued on *(date)*:
- c. The restraining order ends on *(date)*:
- d. The restraining order has been renewed *(specify number)*: times.
- e. Petitioner requests that the order be renewed:
- (1) ☐ for 3 years.
- (2) ☐ permanently.
- (3) ☐ other *(specify)*:

5. DESCRIPTION OF ABUSE AND OTHER FACTS SUPPORTING RENEWAL OF ORDER

(Describe any history of abuse by the restrained person against the protected person. Describe any incidents of abuse since the Restraining Order After Hearing was issued. Explain any other reasons, including fear of the person to be restrained, why the order should be renewed and for how long the renewed order should last.)

☐ Continued on Attachment 5. (If you need more space, check here and add an attachment. You may use Attachment (form MC-025) designated as "Attachment 5.")

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(This is not a Court Order.)

(SIGNATURE)

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